Project 420 for Criminal Justice Reform

2320 Baseline Road Suite 148-433

Phoenix, Arizona 85042-4951

October 22, 2016

Federal Election Commission 999 E. Street, NW Washington, DC 20463

Re: Form 1, Statement of Organization – Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or yia coordinated communications, to federal candidates or committees.

Respectfully submitted

Reserved to the second section

FEC FORM 1

Office

Use

Only

STATEMENT OF ORGANIZATION

FEC MAIL CENTER

7016 On Office Use Only

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NAME OF COMMITTEE (in full)		(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
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6		O _I e _I n _I i _I x _I I		A, Z 8, 5, 0, 4, 2 - 6, 9, 5, 1 STATE ▲ ZIP CODE ▲
GOMMITTEE'S E-MAIL ADDRES	SS			
(Check if address is changed)	aļaņ	@project42	0fρrcriminaljustice	reform.com
<u>ī</u>	Optiona	Second E-Mail Add	dress	1
<u>0</u> 3,			<u> </u>	
POMMITTEE'S WEB PAGE ADD	DRESS (L	JRL)		
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2. DATE 1 0 1	2 2	0 1 6		
3. FEC IDENTIFICATION NU	JMBER	▶ (<u>C</u>	perionia ripoperenentia	
4. IS THIS STATEMENT	NEV	V (N) OR	AMENDED (A)	
I certify that I have examined th	is Statem	ent and to the best	of my knowledge and belief i	t is true, correct and complete.
Type or Print Name of Treasurer	· Ing	rid V. Warrick		
Signature of Treasurer				Date 10 19 2016
NOTE: Submission of false, errone			may subject the person signing	this Statement to the penalties of 52 U.S.C. §30109 WITHIN 10 DAYS.

For further information contact:

Federal Election Commission

Toll Free 800-424-9530

Local 202-694-1100

FEC FORM 1

(Revised 06/2012)

	F	EC Foi	rm 1 (Revised 02/2009)	Page 2	
			OMMITTEE	<u>-</u>	
	Can	didate	Committee:		
	(a)		This committee is a principal campaign committee. (Complete the candidate information below	<i>i.</i>)	
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Corinformation below.)	mplete the candidate	
	Name Cand	-			
	Cand Party	idate Affiliatio	on Office House Senate President	State	
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.		
	Name Cand				
	Part	y Con	nmittee:		
	(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.	
	Political Action Committee (PAC):				
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:	
			Corporation Corporation w/o Capital Stock	Labor Organization	
			Membership Organization Trade Association	Cooperative	
		•	In addition, this committee is a Lobbyist/Registrant PAC.		
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	segregated fund or party	
Corporation Corporation w/o Capital Stock Labor Or Membership Organization Trade Association Cooperate In addition, this committee is a Lobbyist/Registrant PAC. (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated from committee. (i.e., nonconnected committee) In addition, this committee is a Lobbyist/Registrant PAC. In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
					•
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate	two or more political	
•	(h)				
Committees Participating in Joint Fundraiser					

2.

3.

FEC ID number C

FEC ID number

A STATE OF STATE

FEC Form 1 (Revised	I 02/2009)		Page 3				
Write or Type Committee Nar	- <u></u>						
None							
6. Name of Any Connected	Organization, Affiliated Committee, Join	t Fundralsing Representative, or Lea	dership PAC Sponsor				
			<u> </u>				
Mailing Address							
İ							
•	CITY	STATE	ZIP CODE				
	ed Organization Affiliated Committee	Joint Fundraising Representative	Leadership PAC Sponsor				
7. Custodian of Records : Identification books and records. Full Name A 1 a Mailing Address							
Full Name A 1 a	n, E, ., W, a, r, r, i, c, k, ,						
Mailing Address	2,3,2,0, E,.,B,a,s,e,1	i n e Road					
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	P, h, o, e, n, i, x,	A, Z 8	5,0,4,2,6,9,5,1				
Title or Position	CITY	STATE	ZIP CODE				
A ₁ s ₁ s ₁ i ₁ s ₁ t ₁ a ₁ n ₁ t	T r e a s u r e r	Telephone number $\begin{bmatrix} 6 & 0 & 2 \end{bmatrix}$	3,6,6, - 5,0,7,3				
Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).							
Full Name of Treasurer LIng	$[r,i,d,]J,.,]W_{a,r,r,i,c,k}$						
Mailing Address	2 3 2 0 E B a s e 1	i _n e Road I	لببنينا				
	S ₁ u ₁ i ₁ t ₁ e ₁ 1 4 8 - 4 3 3						
	P ₁ h ₁ o ₁ e ₁ n ₁ i ₁ x ₁ CITY	STATE	ZIP CODE				
Title or Position		Telephone number 6 0 2 -	3 6 6 - 5 0 7 3				

	Full Name of Designated Agent	A ₁ l ₁ a ₁ n ₁ E ₁ . W ₁ a ₁ r ₁ r ₁ i ₁ c ₁ k ₁	. 1	
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2012	Title or Position	Telephone r	number [6 0	2 - 3 6 6 - 5 0 7 3
10-40 - MIL -	Banks or Other safety deposit bo Name of Bank, D	Depositories: List all banks or other depositories in which the common epository, etc.	nittee deposits fu	unds, holds accounts, rents
103		Wellls Fargo, NA		<u></u>
~	Mailing Address	1 0 6 5 1 S . 5 1 S t S t P e	e ₁ t ₁	<u> </u>
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Ī		CITY	STATE	ZIP CODE
00-1-15000	Name of Bank, D	pepository, etc.		
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